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County: Washington HARTFORD CARE CENTER 1202 EAST SUMNER STREET Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? HARTFORD 53027 Phone: (262) 673-2220 Corporati on Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital?
No
Number of Beds Set Up and Staffed (12/31/00): 100
Total Licensed Bed Capacity (12/31/00): 111
Number of Residents on 12/31/00: 79 Skilled No Yes Average Daily Census: 82

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$Servi ces Provi ded to Non\hbox{-} Resi dents$		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	0) %			
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No No N	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	% 0.0 39.2 17.7 0.0 0.0 1.3 6.3 5.1 15.2 0.0 2.5 12.7	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	6. 3 12. 7 32. 9 45. 6 2. 5 100. 0 93. 7 25. 3 74. 7	Less Than 1 Year 1 - 4 Years More Than 4 Years *********************** Full-Time Equival Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	22. 8 41. 8 35. 4 100. 0 *************
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther		P	Private Pay			Managed Care			Percent
			Per Die	m		Per Die	m		Per Diem		Per Diem		Per Diem Tota			Of All	
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 7	\$122. 99	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 3%
Skilled Care	4	100. 0	\$337. 95	49	83. 1	\$104.84	Ŏ	0. 0	\$0.00	12	80. 0	\$132.67	Ĭ	100. 0	\$270.00	66	83. 5%
Intermedi ate				9	15.3	\$86. 69	0	0.0	\$0.00	3	20.0	\$122.67	0	0.0	\$0.00	12	15. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0. 0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		59	100.0		0	0.0		15	100.0		1	100.0		79	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 11.3 Private Home/With Home Health 1.4 Baťhi ng 11.4 63.3 25. 3 79 Other Nursing Homes 1.4 Dressing 15. 2 55. 7 29. 1 79 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 27.8 79 83. 1 26.6 **45.6** 79 15. 2 0.0 Toilet Use 46.8 38. 0 12.7 79 0.0 Eating 64. 6 22. 8 Other Locations *********** ***** 2.8 Total Number of Admissions Continence Special Treatments 71 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6.3 7.6 Private Home/No Home Health 15.9 Occ/Freq. Incontinent of Bladder 60.8 0.0 Private Home/With Home Health Occ/Freq. Incontinent of Bowel 53. 2 18. 3 2. 5 Other Nursing Homes 6. 1 2. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 7.3 1.3 Mobility Physically Restrained 0.0 0.0 39. 2 0.0 Other Locations 6. 1 Skin Care Other Resident Characteristics 6. 3 Deaths 46. 3 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 3.8 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		0wne	ershi p:	Bed	Si ze:	Li ce	Li censure:		
	Thi s	Pro	ori etary	100-	100- 199		led	All Facilities	
	Facility	Peer Group			Group		Group		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 9	74.6	0. 99	83. 3	0. 89	81. 9	0. 90	84. 5	0. 87
Current Residents from In-County	58 . 2	84. 4	0. 69	85. 0	0. 69	85. 6	0. 68	77. 5	0. 75
Admissions from In-County, Still Residing	16. 9	20. 4	0. 83	19. 2	0. 88	23. 4	0. 72	21. 5	0.79
Admi ssi ons/Average Dai ly Census	86. 6	164. 5	0. 53	196. 7	0.44	138. 2	0. 63	124. 3	0.70
Discharges/Average Daily Census	100. 0	165. 9	0. 60	194. 3	0.51	139. 8	0. 72	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	34. 1	62. 0	0. 55	76. 2	0. 45	48. 1	0. 71	49. 9	0. 68
Residents Receiving Skilled Care	84. 8	89. 8	0. 94	91. 2	0. 93	89. 7	0. 95	83. 3	1.02
Residents Aged 65 and Older	93. 7	87. 9	1. 07	93. 9	1.00	92. 1	1. 02	87. 7	1.07
Title 19 (Medicaid) Funded Residents	74. 7	71. 9	1. 04	60. 4	1. 24	65. 5	1. 14	69. 0	1.08
Private Pay Funded Residents	19. 0	15.0	1. 26	26. 5	0. 72	24. 5	0. 78	22. 6	0.84
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	57. 0	31. 7	1.80	26. 6	2. 14	31. 5	1. 81	33. 3	1.71
General Medical Service Residents	12. 7	19. 7	0. 64	22. 9	0. 55	21.6	0. 59	18. 4	0.69
Impaired ADL (Mean)	51. 1	50. 9	1.00	48. 7	1. 05	50. 5	1.01	49. 4	1.04
Psychological Problems	59. 5	52. 0	1. 15	50. 4	1. 18	49. 2	1. 21	50. 1	1. 19
Nursing Care Required (Mean)	7. 9	7. 5	1. 05	7. 3	1. 09	7. 0	1. 12	7. 2	1. 11